



PATIENT

John Lara Hernandez

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

6

WEIGHT

12.88

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Saum Hadi

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Saum Hadi

INVOICE

10025

DATE

2/8/23

PRESENTING CLINICAL SIGNS

History: P has a persistent mildly increased ALT. No change after a month trial on denamarin. No clinical signs. ALKP, rest of chem 10 WNL. P has a history of a grade 3-4/6 L systolic apical heart murmur. Stage B1 MVDD/no cardiac enlargement per last echocardiogram on in July 2022. Not currently on any medications. P came in for a dental today. AUS performed under GA. Abnormal PE/Chem/CBC/UA Results: 11//20/22: 141 U/L 12/30: ALT: 154

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



PATIENT	The stomach contains mild fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.
John Lara Hernandez	
SPECIES	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.31 cm) and the jejunum measured as normal (0.22 cm.) Visualized peristalsis appears appropriate.
Canine	
BREED	There were no focal lesions consistent with obstruction or a mass effect observed.
Chihuahua X	
SEX	The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.
Neutered Male	
AGE	Pancreas
6	The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.
WEIGHT	Free Abdomen
12.88	Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.
INTERPRETED BY	PRIMARY FINDINGS
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	<ul style="list-style-type: none"> No significant ultrasonographic lesions observed.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Saum Hadi	Today's scan appears relatively normal. No focal lesions were visualized associated with the liver to explain the evaluation in the ALT reported. This could be a reactive hepatopathy or an early primary hepatopathy, but these findings are non-specific. Consider a liver function test, if this is abnormal, I would move on with further diagnostics. If liver function is normal then I would consider Denamarin and continued monitoring of the liver values if they continue to rise then further evaluation would be recommended.
HOSPITAL NAME	These are my recommendations if the bile acids are elevated:
Bethany Family PC	<ul style="list-style-type: none"> Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc... Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags) If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.
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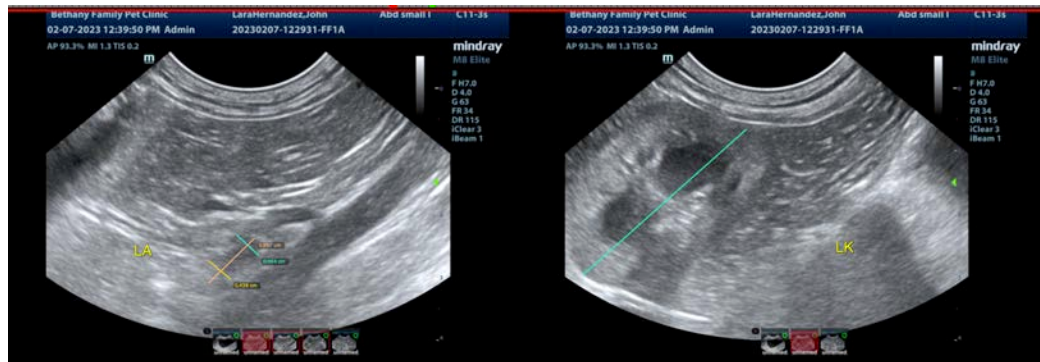
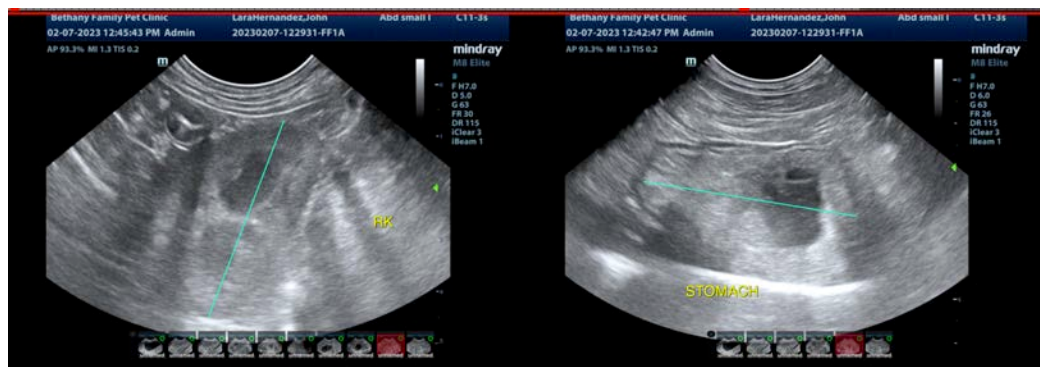
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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kathleen.sennello@sonopath.com

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